



Urban District Council  
OF  
Hampton Wick.

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**Annual Report**

OF THE  
MEDICAL OFFICER OF HEALTH  
ON THE  
SANITARY CONDITION OF  
THE DISTRICT

For the Year 1918.

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TO THE CHAIRMAN AND MEMBERS OF THE URBAN  
DISTRICT COUNCIL OF HAMPTON WICK.

MR. CHAIRMAN AND GENTLEMEN,

I have the honour to present to you my Tenth Report on the Sanitary Circumstance, the Sanitary Administration and the Vital Statistics of the Urban District of Hampton Wick. This report deals with the year 1918.

Of the nine Annual Reports I have presented to your Council, six have been printed and three have been typewritten. Of the typewritten reports, the one dealing with the year 1915 was fairly detailed but the ones dealing with the years 1916 and 1917 were, owing to the exigencies of the war, Interim Reports and were confined to urgent and essential matters.

In a circular dated January 16th, 1919, the Local Government Board suggest that the Annual Report for the year 1918 should be brief, but special attention should

be paid to the incidence of Influenza in the District and a full report should be made on the Sanitary Condition of the District at the close of the war and the Sanitary needs of the District in the future.

The year under review sees the end of the Great War which began in August, 1914. The Armistice was concluded on November 11th, 1918, but up to the time of writing this report, Peace had not been signed.

The general health of the district during the war was, at all events as far as Infectious Disease was concerned, very good up to the end of the year 1917, but the effects of the war began to be felt in that year and culminated in severe epidemics of Influenza, one occurring in July and another in October of 1918.

The following table gives a list of events which took place in this district during the Great War and which had or might have had some bearing on the social and sanitary condition of the district during that period:—

1914. War declared. Arrival of Belgian Refugees.

1915. Plenty of employment; wages rise. Majority of Belgian Refugees depart.

1916. Electrification of that portion of the London and South Western Railway which traverses this district. Military Service Act. Sanitary Inspector called up for service. Shortage of Labour. Great increase of employment of women in factories, offices, etc. Difficulties experienced in repairing houses.

1917. Food Controller appointed. Shortage of Potatoes and Bread. Migration of persons into this district on account of Air Raids. Daylight Saving Bill.

1918. Rationing of Meat, Sugar, Fats, etc. Air Raids. Armistice.

At the present time it is impossible to generalize on the effects of the war as applied to this or any other district. It seems to me that the principal factors will be firstly the experiences gained by the men who have undertaken the great adventure and secondly the effects on the community caused by the greatly increased employment of women in munition factories and in many other walks of life; work undertaken to supply that of the men called up for Military Service.

War anxiety and war weariness combined with food difficulties may be responsible for illness such as the Influenza epidemic, but those are temporary factors which disappear when the conditions of life are more settled.

## NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.

The district is situated in the southern part of the County of Middlesex. The River Thames which divides the County from the County of Surrey borders the eastern and southern portions. The following districts in the County of Surrey abut on this district:—The Borough of Kingston-on-Thames, the Urban District of Surbiton, the Parishes of Long Ditton and Thames Ditton, both of which are contained within the Urban District of Esher and the Dittons and the parish of East Molesey, which is within the Urban District of East and West Molesey.

The northern portion of the Urban District of Hampton Wick abuts on that of Teddington and the western on that of Hampton. The total area of the district comprises 1,315 acres of which about 80 acres are covered by water.

The greater portion of the district is contained within the Parks and Gardens belonging to the Royal Palace of Hampton Court. The whole of the Home Park and about

half of Bushey Park is within the District. The remaining portion of the district is almost entirely occupied by houses and gardens. There is no waste or common land. The population is mainly residential, a large number of the inhabitants travelling daily to and fro from London. There are a few factories but no special industries connected with the place.

### INHABITED HOUSES.

The number of inhabited houses on June 30th, 1918, included those situated on Crown property was approximately 573. No new houses were erected during the year and none were demolished. At the end of the year every house in the district was occupied and this was due to various reasons. As mentioned in previous reports, prior to the war, there were a great number of unoccupied houses in the district, mostly large houses with basements. In my report for the year 1916 I remarked that these houses were letting and the explanation given then was that the electrification of the branch of the L. & S.W. Railway which serves this district was responsible. By the end of the year 1917 every house was occupied the causes being firstly migration from raid areas in London, secondly a number of persons had come into the district who were employed in the munition factories which at that time were springing up all round. These causes were still at work at the end of the year under review. Further remarks on this subject will be seen in the section on Overcrowding.

There are three institutions in the district which call for special mention. These are a Scattered Home for Girls which belongs to the Guardians of the Kingston Union, a small private establishment for feeble minded children and a large establishment where about 50 persons reside who are employed in a business house in Kingston.



## POPULATION.

The Registrar-General has furnished me with an estimate of the population of the district for the year 1918. It is based on the rationing returns placed at his disposal by the Ministry of Food and amounts to 2,522 civilians. If the non-civilian element be included the population is estimated at 2,826 persons.

This latter figure is arrived at by distributing all non-civilians enlisted from this country, whether serving at home or abroad, over all the districts in the country in proportion to their estimated civilian population.

The following table gives the enumerated population of this district at the date of the census for the years 1881, 1891, 1901 and 1911 :—

POPULATION (Enumerated).			
1881	1891	1901	1911
2162	2378	2606	2417

The population estimates for the war years were as follows :—

	For Birth and Death Rates.	
1915	2474	
	For Birth Rate.	For Death Rate.
1916	2612	2401
1917	2719	2439
1918	2826	2522

## BIRTHS.

The following table gives details of the births occurring in the district. The three sources of information as regards births are derived from the Registrar-General, the Local Registrar and notifications of birth supplied to me under the Notification of Births Extension Act, 1915, by medical practitioners, midwives and parents:—

	Males.		Females.		Total.
	Leg.	Illeg.	Leg.	Illeg.	
Registrar General ...	14	—	15	1	30
Local Registrar ...	14	—	14	1	29
Notifications ...	11	—	13	1	25

I have calculated the birth rate from the figures supplied to me by the Registrar-General. It amounts to 10.62.

The birth rates for this district compared with those of other districts are given in the following table:—

	1913	1914	1915	1916	1917	1918
England and Wales ...	23.9	23.6	21.9	21.6	17.8	17.7
London ...	24.5	24.5	22.6	—	17.5	16.1
County of Middlesex...	23.0	22.8	21.9	20.0	16.0	—
District of Hampton Wick ...	15.3	18.3	12.3	21.4	8.8	10.6
District of Hampton Wick. Average for preceding 10 years ...	16.0	15.8	15.8	15.6	16.1	15.4

From these figures it will be seen that the birth rates during the war have been steadily diminishing. The rate in this district, however, was much higher in 1916, the year of the compulsory military service act, but in the following year the figures were extremely low.



## DEATHS.

The total number of deaths registered in the district amounted to 28 of which 13 were males and 15 females. Four of these deaths related to persons belonging to other districts. The number of Hampton Wick residents whose deaths were registered in other districts amounted to 11, six being males and five females. This gives a nett total of 35 deaths belonging to the district of which 16 were males and 19 females.

The following table shows how this table is made up:—

	M.	F.	TOTAL.
Deaths registered in the District	13	15	28
Deaths of Hampton Wick Residents occurring outside the District.			
(a) In Public Institutions—			
Kingston Union Infirmary	3	—	3
Teddington Cottage Hospital	2	3	5
Surbiton Cottage Hospital	—	1	1
Middlesex County Asylum	1	—	1
(b) By accident outside the District	—	1	1
Complete Total...	19	20	39
Deaths of Non-Residents occurring in the District ... ..	3	1	4
Nett Total of all deaths belonging to the District ... ..	16	19	35

This gives a nett death rate of 17·84 as against 9·8 in 1917 and 12·9 in 1916. The death rate is very high. In 1914 the rate was 16·7.

The following table gives the death rates for various localities:—

	1914	1915	1916	1917	1918
England and Wales ...	13.6	14.8	14.0	14.4	14.0
London ... ..	14.4	16.1	14.3	15.0	14.3
County of Middlesex ...	10.1	12.0	11.0	11.6	—
District of Hampton Wick	16.7	11.3	12.9	9.8	17.8
District of Hampton Wick, average for preceding 10 years ... ..	11.9	12.4	12.7	12.8	12.5

After the year 1914 the age and sex distribution of the population of this district was unobtainable, so the Corrected Death rates could not be calculated. Before the war these were slightly lower than the nett death rates.

In the following table is given a list of the various causes of the deaths belonging to the district:—

	Under 1 year	1 and under 5.	5 and under 65.	65 and over.	Total.
Measles ... ..	—	1	—	—	1
Influenza ... ..	—	1	2	—	3
Pulmonary Tuberculosis	—	—	3	—	3
Cancer, Malignant Disease	—	—	3	3	6
Bronchitis ... ..	—	—	2	3	5
Pneumonia ... ..	—	—	5	1	6
Violence apart from Suicide	1	—	1	—	2
Diseases of the Heart...	—	—	1	—	1
Diseases of the Nervous System ... ..	1	1	2	1	5
Pernicious Anæmia ...	—	—	1	—	1
Old Age ... ..	—	—	—	2	2
Total ... ..	2	3	20	10	35

It will be noticed that six of the deaths are from Pneumonia and five from Bronchitis. There are six deaths from Cancer and only one from Diseases of the Heart. Ten of the deaths are in persons of 65 years of age and upwards and 14 deaths occurred in persons between the ages of 45 and 65.

Of the non-residents who died within the district three were drowned and one was killed by falling from a tram car.

### INFANT MORTALITY.

The deaths of two infants were registered. The cause of death in the one was Convulsions. The other was a new born child who was taken out of the River Thames and was unidentified and therefore the death was credited to this district. No still births were notified during the year.

This gives an Infantile Mortality of 66·7 per 1,000 births.

The following table gives the Infant Mortalities of various localities during the war years:—

	1914	1915	1916	1917	1918
England and Wales ...	105	110	91	97	91
London ... ..	103	112	89	103	87
County of Middlesex	77	89	68	86	—
District of Hampton Wick ... ..	65	32	35	0	67
District of Hampton Wick, average for preceding 10 years	95	91	84	85	66

On looking at the above table it will be seen that the Infantile Mortality rates have not been high either for the District or for the County as compared with the rates for England and Wales and London.

The Notification of Births (Extension) Act came into force on September 1st, 1915. This act provides that the Medical Officer of Health shall be notified of the occurrence of any birth occurring within the district within 48 hours. The cases notified are always visited by me when no doctor is in attendance. Each mother is supplied with a handbill setting out advice on the feeding and rearing of infants.

Early in the year I attended a meeting convened by the County Medical Officer with reference to the appointment of Health Visitors to various districts. It was arranged that health visiting in this district should be undertaken by the Middlesex County Council and that the nurse appointed as a health visitor for this district should do other work of a similar nature in other districts in the neighbourhood. Later on in the year, in November, the County Medical Officer was considering the advisability of establishing a Maternity and Child Welfare Centre in this district. A form was sent to me to fill in. I have reproduced it here together with my answers. The paragraphs refer to a circular on Maternity and Child Welfare issued by the Local Government Board on August 9th, 1918.

#### MATERNITY AND CHILD WELFARE.

- Q. 1.—Do you consider a Centre for this work should be provided in your area? If so, where? A.—Yes; in Hampton Wick.
- Q. 2.—Will you suggest likely accommodation where Centre could be held, at intervals of a week or less. Give addresses and accommodation available. A.—There is a large room at the Schools which might be utilised. The room could be subdivided by the use of screens.
- Q. 3.—Please suggest best way of arranging for periodical medical attendance at and supervision of Centre. A.—There would be no difficulty in arranging for the attendance of a medical practitioner at the Centre once a month.
- Q. 4.—Is there need for providing for payment of the services of a midwife in necessitous cases; if so, how many cases per annum are there likely to be? A.—No, not at present.

- Q. 5.—Is there sufficient need in any part of your area to employ the whole or part-time services of a paid midwife (see para. 5-9 in enclosed circular)? A.—No, not at present. It is possible that the part-time services of a paid midwife may be required later.
- Q. 6.—Is there need to provide for payment of doctors whose aid is advised by midwives? A.—Yes.
- Q. 7.—Is there need to make arrangements for institutional accommodation in lying-in homes or hospitals for (a) Normal confinements; (b) Complicated cases (Para. 27)? A.—(a) No; (b) Yes.
- Q. 8.—If so, will you suggest any existing, local or other, hospital or institution available to your district with which arrangements could be made, or is it necessary in your opinion to provide new accommodation? A.—At the present time, with the exception of the Kingston Union Infirmary, there is no place available in this neighbourhood. New accommodation should be provided in conjunction with other districts.
- Q. 9.—Would “Home Helps” be accepted by persons in your area, and should provision be made for supplying these (Para. 28)? A.—I do not consider that there is any necessity for the provision of “Home Helps” at the present time.
- Q. 10.—Is there need for hospital accommodation for infants, and to what extent (Para. 29)? A.—There is no accommodation in this neighbourhood for cases of Ophthalmia Neonatorum. The Teddington Cottage Hospital will take in cases of Epidemic Diarrhœa if beds are vacant. Generally speaking, there is at the present time no special need for hospital accommodation over and above that at present available except for cases of Ophthalmia Neonatorum.
- Q. 11.—Other matters, if any, in Circular which you consider need to be provided for in the immediate future, to meet the needs of your district.

(Signed) H. A. GÜNTHER,

*Medical Officer of Health,  
Hampton Wick District.*

At the end of the year the County Medical Officer kindly sent me the Health Visitor's report for Hampton Wick.



## REPORT OF HEALTH VISITOR FOR HAMPTON WICK.

Since the beginning of April, 1918, 15 notifications of births have been received. The Health Visitor visited these and found that 13 were entirely breast fed, one breast and bottle, and one fed on bottle.

The children were in all cases well nourished and well cared for. Thirty visits have been paid.

None of the families visited were in a necessitous condition, and it was not found necessary for the County Council to provide extra nourishment in the form of milk.

During her visits in connection with the above notifications, the Health Visitor has also inquired as to children between one and five years of age with a view to keeping them under supervision.

It should be remembered in this connection that we have a Parish Nurse in this district. She attends confinements and other cases of illness under the supervision of a medical man. At the present time she is appointed by the Vicar and myself and the funds for her salary are derived partly from the Parish Lands Trustees and partly from Church Charity Funds. In the course of her duties many of the functions of a health visitor are performed by her.

In the early part of the year your Council was invited to consider the needs of the district in respect of the provision of food for expectant and nursing mothers and of milk for these mothers and for children under five years of age. Special attention was also to be paid to the following points:—(1) In regard to the ability of the women to pay for food and milk; (2) In regard to the sufficiency of milk in the district.

For many years past milk tickets have been supplied to poor deserving persons out of Church Charity Funds. It seemed to me that we could not do better than continue on the same lines as before, and the Vicar agreed that the Parish Nurse should supply milk tickets to any



deserving cases of that nature. This was done and answered quite satisfactorily.

### PRINCIPAL EPIDEMIC DISEASES.

Before the war the following diseases were compulsorily notifiable:—

Small-Pox	Enteric or Typhoid Fever
Cholera	and Paratyphoid Fever
Diphtheria	Puerperal Fever
Membranous Croup	Cerebro-Spinal Fever
Erysipelas	Tuberculosis (all forms)
Relapsing Fever	Plague
Scarlet Fever or Scarlatina	Acute Poliomyelitis
Typhus Fever	Ophthalmia Neonatorum
Continued Fever	

Up to the time of writing this report the following diseases have in addition become notifiable:—

January 1st, 1916.—Measles and German Measles.

January 1st, 1919.—Acute Encephalitis Lethargica, Acute Polio-Encephalitis.

March 1st, 1919.—Malaria, Trench Fever, Dysentery, Pneumonia (certain forms).

The provisions of the Infectious Diseases (Notification) Act, 1889, have not been extended to Anthrax, Glanders and Hydrophobia in this district, but it should be remembered that all cases of Anthrax, Lead Poisoning, Phosphorus Poisoning, Arsenic Poisoning and Mercury Poisoning contracted in a Factory or Workshop must be notified to the Chief Inspector of Factories, Home Office, London, S.W.

### SMALL-POX AND VACCINATION.

No case has ever been notified in this district. As the number of unvaccinated children continues to increase and as re-vaccination of civilian adults is rarely performed, there is always a danger of a serious outbreak of Small-Pox. Cases are constantly cropping up in London which is only some 12 miles distant from this district. In March I received a letter from the Middlesex Districts Joint Small-Pox Hospital Board to the effect

that as there were a number of cases of Small-Pox in the East end of London, the following procedure should be followed in the event of a case of Small-Pox occurring in this district:—

- (1) Telephone to the Medical Superintendent of Clare Hall Hospital, South Mimms, giving particulars and also telegraphic address and telephone number of the Medical Officer of Health.
- (2) Ambulance will be sent as soon as possible.
- (3) Patient will be removed to the Uxbridge Small-Pox Hospital at Yeading or to some other temporary hospital.

### SCARLET FEVER.

One case, that of a child aged five, occurred in April. The child was isolated at home. The parents of the child kept a small restaurant and this was closed. During the war few cases of this disease were notified. The following table gives the numbers occurring in each of the war years. There were no deaths.

1914	Prior to August	...	...	24
	After August	...	...	5
1915	...	...	...	2
1916	...	...	...	2
1917	...	...	...	0
1918	...	...	...	1

The last outbreak of this complaint was in the early part of the year 1914: since then only a few sporadic cases have occurred.

### DIPHTHERIA.

No case was notified nor was there a case in the previous year. This is very satisfactory. The following table gives the number of cases of Diphtheria, none of which proved fatal during the war years:—

1914	Before August	...	...	3
	After August	...	...	0
1915	...	...	...	9
1916	...	...	...	12
1917	...	...	...	0
1918	...	...	...	0

### ENTERIC OR TYPHOID FEVER.

No case was notified during the year. No case has been notified in this district since the year 1906.

### PUERPERAL FEVER.

A case was notified in May. It was a mild case and was removed to the Kingston Union Infirmary and the premises were disinfected. 100 c.c.s. of Antipuerperal Serum were injected. A swabbing was taken from the uterus and the inoculated media yielded scanty cultures of a long streptococcus. Colon bacilli were not detected. The case soon recovered but the child died a month later of convulsions. The nurse in attendance had had a case of Puerperal Fever in her practice a short while previously. The sanitary condition of the house, which was quite a modern one, was satisfactory. No other case occurred in the district during the war years.

### ERYSIPELAS.

Three cases were notified. They occurred in the months of February, April and August. No case proved fatal. The following cases of this disease occurred during the war years:—

1914	Before August	...	...	1
	After August	...	...	0
1915	...	...	...	0
1916	...	...	...	0
1917	...	...	...	0
1918	...	...	...	3

## CEREBRO-SPINAL FEVER AND POLIOMYELITIS.

No case was notified. During the war years there were a few cases of these diseases in this district. The following table shows the distribution of these cases in point of time:—

	1914	1915	1916	1917	1918
Cerebro-spinal Fever	0	1	1	0	0
Poliomyelitis ...	0	0	1	0	0

The examination of the secretions of cases of Cerebro-Spinal Fever is carried out by the Local Government Board. Similar investigations in the case of contacts are carried out by the Middlesex County Council, and in the case of non-civilians during the war these investigations were carried out by the Military Authorities.

## TUBERCULOSIS.

Four cases were notified during the year; of these three were cases of Pulmonary Tuberculosis or Phthisis and the other was a case of Tuberculosis of the Peritoneum. Three deaths were registered; two of these referred to cases of Pulmonary Tuberculosis notified during the current year. The following table gives details as to age and sex of the cases of Pulmonary Tuberculosis which were notified:—

Age	Males	Females
Between the ages of 5 and 16 ... ..	—	1
15 and 25 ... ..	—	1
Over 55 years of age ...	1	—
	1	2
Total ...	3	

The case of Tuberculosis of the Peritoneum was in a male between the ages of 5 and 15 years.

Two of the cases of Pulmonary Tuberculosis were removed, one to a sanatorium and one to the Kingston Union Infirmary. I received supplementary notifications from the Medical Officers of both those institutions. The houses occupied by these patients were all inspected and with one exception were found to be in a satisfactory condition. In that case the patient was a lodger and the room he occupied was not a suitable one for a person suffering from Pulmonary Tuberculosis. The patient was removed and the room disinfected.

The following table shows the cases notified and the cases which proved fatal during the war years:—

	Cases Notified		Deaths	
	Pulmonary Tuberculosis	Tuberculosis All Cases	Pulmonary Tuberculosis	Tuberculosis All cases
1914	3	3	1	2
1915	4	9	1	2
1916	1	2	1	2
1917	3	3	2	2
1918	3	4	3	3

Although this disease has only been notifiable since 1912, I am inclined to believe that an increasing number of cases have occurred during the war and the mortality seems greater. No doubt war strain and food restrictions were in part responsible for this.

Cases of Tuberculosis may be referred to the Tuberculosis Officer for this part of Middlesex. Patients attend if they are able at a centre at Twickenham on certain days. If the case is suitable, insured patients and others may be sent to the Clare Hall Sanatorium, South Mimms, free of charge.



The Public Health (Tuberculosis) Regulations, 1916, provided that cases of Tuberculosis entered in the register kept by the Medical Officer of Health in pursuance of Art. XI 2 of the Public Health (Tuberculosis) Regulations, 1912, who, according to the entries made in the register were between the ages of 16 and 45 on the date of notification, were to be notified to the War Office.

Five cases were notified in 1916 and three in 1917. No case came under this heading in 1918. Of the eight cases six were alive at the end of the year under review.

In the beginning of the year a General Order was issued to the effect that these cases were to be notified to the Chief Commissioner of Medical Services at the Ministry of National Service and in July a further Order was issued to extend the age limit up to 53 years of age. At the time of writing the report these Orders have been rescinded.

The Public Health (Tuberculosis) Regulations No. 2, 1918, were issued in September and provide for the notification of any case of Tuberculosis discovered at Medical examinations undertaken by the Medical Boards under the control of the Ministry of National Service to the Medical Officer of Health of the Sanitary district in which the man resides. No such notification was received during the year.

### OPHTHALMIA NEONATORUM.

Notification of this disease came into force in April, 1914. One case was notified early in the year by a medical practitioner. It was a mild case. No case of this disease had previously been notified in this district. There is a difficulty in getting these cases taken into a hospital. It is unsatisfactory to have severe cases treated as out-patients.



## MEASLES AND GERMAN MEASLES.

Seventy-five cases were notified. One, a case of measles, proved fatal. There were two cases of German Measles. Three of the 75 cases were notified by parents, two of these being cases in a house where other cases had previously been notified by the attending medical practitioner. The epidemic started in the middle of February and lasted till the end of April. There were three cases in May and after that no case was notified up to the end of the year. The age incidence was as follows:—

	Measles	German Measles
Between the ages of		
1 and 5	27	1
5 and 10	35	—
10 and 15	7	1
15 and 20	2	—
20 and 25	1	—
Over 25 years of age	1	—
	73	2

Of the children 25 attended the Elementary Schools and 11 other schools. The schools were not closed. The cases were distributed over 44 different houses.

The control of this complaint is very difficult. Measles is extremely infectious. The infection is present when the child is sickening and often before it is realised that the child is ill. In this district it is in most cases quite impossible to isolate these cases as there is no hospital accommodation available. This is sometimes a serious matter from a curative point of view, as however ill the child is and however unsuitable the cottage is from a nursing point, it is quite impossible to get the children of poor parents removed anywhere.

The following table gives the number of cases of these diseases occurring in this district since notification has been enforced :—

	1916	1917	1918
Measles      ...      ...      ...	19	18	73
German Measles      ...      ...	15	19	2

It is interesting to note that there were a fair number of cases of German Measles in 1916 and 1917. The complaint is a mild one but usually it is not prevalent in this district.

#### NON-NOTIFIABLE INFECTIOUS DISEASES. INFLUENZA.

Two epidemics occurred in 1918 and one in the early part of 1919. In the early part of 1914 there were a fair number of cases. In 1915, 1916 and 1917, there seem only to have been sporadic cases or else the disease was non-existent. The first epidemic in 1918 began towards the end of June and ended about the middle of July. At the time the weather was very dry and the end of the epidemic coincided with rain falling. A death from this complaint was registered on July 27th, but the case was complicated with Gastritis and Tuberculosis. No other death was registered at that time which was in any way attributable to Influenza. Generally speaking the cases were of a mild type. No special measures were taken to deal with this outbreak.

The autumn epidemic began about the middle of October and lasted till about the end of November. This was a severe outbreak. Two deaths were registered, both in November. There were five deaths registered in October, two from Pneumonia, two from Bronchitis and one from

a catarrhal cold. Some if not all of these may have been of influenzal origin. On October 24 I received a series of questions on this subject from the County Medical Officer. The questions and answers were as follows:—

DISTRICT OF HAMPTON WICK.

PREVALENCE OF INFLUENZA.

- Q. 1.—No. of deaths each week, ended (1) Sept. 28th.; (2) Oct. 5th; (3) Oct. 12th; (4) Oct. 19th. A.—Nil.
- Q. 2.—Has there been unusual prevalence of cases; if so, since when? A.—Yes. Since Oct. 16th, 1918.
- Q. 3.—Have cases been chiefly amongst adults or children, males or females? A.—Chiefly among female adults.
- Q. 4.—Have schools been closed; if so, how many, and dates? A.—No.
- Q. 5.—Remarks as to type, severity and sequelæ. A.—Type: Pains in head and back; catarrh and cough; fever. Severity: Greater than in previous epidemics. Sequelæ: Pneumonia.
- Q. 6.—Other remarks. A.—Two cases of deaths from acute lobar pneumonia, one in week ended Oct. 12th, the other in week ended Oct. 19th; probably influenzal. Two fatal cases of bronchitis in old persons, one in week ended Sept. 29th, the other Oct. 19th; possibly influenzal.

H. A. GÜNTHER,

*Medical Officer of Health.*

*Dated Oct. 24th, 1918.*

Later a great many children were either affected by the disease or were kept away from school on account of the parents being ill, there being no one else available to attend to the duties of the household or to look after the parents. I therefore advised the closure of the Palace School at Hampton Court and the Infants' School at Hampton Wick. This was carried out and in addition the Girls' School was also closed for the same period. In

this connection the following letters were written to the County Medical Officer :—

Hampton Wick,  
Kingston-on-Thames,  
*October 31st, 1919.*

Dr. YOUNG,  
School Medical Officer,  
Guildhall,  
Westminster, S.W.

DEAR SIR,

Owing to the prevalence of Influenza in this district, I recommend the closure of the Hampton Court Palace School from November 1st to November 9th, 1918. I inspected this school to-day and found that out of 23 scholars 17 were absent. The closure is recommended with a view of preventing further spread of the disease.

I remain,

Yours faithfully,

H. A. GÜNTHER.

DEAR SIR,

Owing to the prevalence of Influenza in this district, I recommend the closure of the Hampton Wick Infants' School from November 1st to November 9th, 1918. I inspected this school to-day and found that out of 80 infants 44 were absent. In addition two teachers were also absent. The closure is recommended with a view of preventing further spread of the disease.

I remain,

Yours faithfully,

H. A. GÜNTHER

Medical Officer of Health.

The following handbill was drawn up and distributed:—

URBAN DISTRICT COUNCIL OF HAMPTON COURT.

## INFLUENZA AND EPIDEMIC CATARRH.

The following measures for patients are officially recommended by the Local Government Board:—

### RULES FOR PATIENTS.

**ISOLATION.**—If every person suffering from a fever, with or without catarrh, were willing and able to stay at home for a few days, the spread of disease in factories and workshops, offices and shops, schools and other institutions, would be greatly reduced.

**PERSONAL PRECAUTIONS.**—Avoid scattering infection in sneezing and coughing. Use a handkerchief to intercept drops of mucus; the handkerchief should be boiled, or burnt if of paper. Expectoration should be received in a special receptacle, its contents being subsequently disinfected or burnt. General disinfection of premises after influenza is not required, but a thorough washing and cleansing of rooms and their contents, and washing of articles of bedding or apparel is desirable.

**RELAPSES.**—Influenza is very liable to relapse; and pneumonia may occur as late as well as an early complication. Relapse is less likely if the patient goes to bed at once and remains there till all fever has gone; avoidance of chill or over-exertion during convalescence is also of great importance.

### PROTECTIVE MEASURES.

The following are among the general precautionary measures recommended and the official warnings:—

Gargle the throat, night and morning, with a solution of one in 5,000 permanganate of potassium in water containing 0·8 per cent. of common salt, or in other words



a saltspoon of salt coloured purple with a weak solution of permanganate of potash or Condy's Fluid. Also pour this solution into the palm of the hand, snuff it up through the nostrils, and expel through the mouth.

Flush continuously with air each occupied bedroom and living room. This implies the need for adequate warm clothing, especially for those engaged in sedentary occupations, children and old people.

Avoiding overcrowding in dwellings or in unventilated assembly rooms and places of entertainment. The aggregation of large numbers of persons in one room, especially for sleeping, is dangerous.

Dirtyness, whether personal or of living or working rooms, and dusty conditions favour infection. The wet cleansing of all invaded places is important.

Indiscriminate expectoration is especially dangerous during the prevalence of influenza.

Persons with unhealthy conditions of the mouth, teeth, or throat are especially prone to catarrhal attacks. The treatment of these conditions is important.

Prolonged mental strain or over-fatigue, and still more alcoholism, favour infection; and complication by pneumonia is especially fatal among immoderate drinkers.

It is particularly important that sick persons and old people should be protected against exposure to influenza.

H. A. GÜNTHER, M.B.,

*Medical Officer of Health.*

*October, 1918.*

Copies of these handbills were placed on the counters of the post offices and were distributed by the agency of school boys.



The solution recommended may be made up by any chemist according to the following formula:—

Potassium Permanganate—grains 2

Common Salt—drams  $1\frac{1}{4}$

Water—One pint

In addition to the symptoms given in my communication to the County Medical Officer on October 24th (namely Pains in Head and Back, Catarrh and Cough and Fever), Sickness, Sore Throat, Nose Bleeding and Menorrhagia were frequently present. Relapses were frequent. It was quite unusual for persons who developed the disease in July to have a second attack in the Autumn.

Two sets of regulations dealing with the control of Influenza were issued in November. The first known as the Public Health (Influenza) Regulations, 1918, provide for the ventilation of places of public entertainment and for the times and intervals when such ventilation shall take place. The second known as the Public Health (Influenza) Regulations (No. 2), provide that where in any district notice has been given to the proprietor or left at the office of a cinematograph exhibition, that a public elementary school in the district or contributory place has been temporarily closed on account of the prevalence of Influenza, children shall not be admitted to that exhibition during the continuance of the closure of any such school.

These regulations have both been rescinded at the time of writing this report.

## NON-NOTIFIABLE DISEASES.

### VENEREAL DISEASES.

The facilities for diagnosis and treatment of these diseases are appreciated and are working satisfactorily. Treatment is, by arrangement with the Middlesex County

Council, undertaken at most of the London hospitals. The nearest of these to this district is the West London Hospital at Hammersmith.

### CANCER.

The deaths registered amounted to six. The following table gives the number of deaths during the war years :—

	1914	1915	1916	1917	1918	TOTAL.
Males ...	2	1	0	1	5	9
Females ...	4	2	4	1	1	12
	6	3	4	2	6	21

I always advise articles worn or soiled by persons suffering from this disease to be destroyed when such persons die. Rooms occupied by such persons are always disinfected on request.

### WHOOPING COUGH.

There were a few sporadic cases. No death was registered.

### EPIDEMIC DIARRHŒA.

This complaint has not been prevalent since the hot summer of 1911. No case came under my notice during the year.

## MUMPS.

This disease was not prevalent during the year.

## RABIES.

A notice was received from the Board of Agriculture and Fisheries describing the symptoms of Rabies in Dogs and issuing a warning to all persons owning or having or having had in their charge an animal exhibiting any such symptoms to the effect that they shall give notice to the Police with all practicable speed.

## BACTERIOLOGICAL WORK IN CONNECTION WITH INFECTIOUS DISEASE.

This work is carried out for the Council by the Clinical Research Association. During the year the following examinations were carried out:—

For Diphtheria	...	5 which proved negative
For Tuberculosis	...	5 which proved negative
For Gonorrhœa	...	1 which proved negative

Two examinations of uterine swabbings in cases of fever after child birth.

## ISOLATION HOSPITAL ACCOMMODATION.

Cases of Scarlet Fever and Diphtheria may be sent to Tolworth Isolation or to Hampton Isolation Hospital at the Council's expense. The arrangements in force for the isolation of cases of Small-Pox were described in the section devoted to that disease.

No case was removed to any Isolation Hospital during the year. The following table shows the number of cases removed from the district to Tolworth Isolation Hospital during the war years:—

	1914	1915	1916	1917	1918
Scarlet Fever ...	3	1	0	0	0
Diphtheria ...	0	2	3	0	0
Diphtheria ... (Suspected case)	0	1	0	0	0
Cerebro-Spinal Fever	0	0	1	0	0
	3	4	4	0	0

### DISINFECTION.

Rooms are fumigated or sprayed with a solution of Formalin. Infected clothes or linen are steeped in a solution of Izal. There is no special apparatus for baking or destroying infected articles such as mattresses. Persons who can afford it are advised to send such articles away for destruction or disinfection. There are private firms in the neighbourhood who undertake this work. I understand that nearly every other district in this County possesses a Steam Disinfecting Apparatus. The time is approaching when this district will have to take into consideration whether they should erect a Steam Disinfecting Apparatus or whether they should enter into an arrangement with some other body, public or private, whereby the disinfection or destruction of such articles can be carried out.

### MIDWIVES ACT, 1912.

Such midwives as practise in the district reside in other districts in Middlesex or in Surrey.

## HOUSING.

This is a subject to which a great deal of attention has been given by your Council during the war and which in this district presents peculiar difficulties. There is practically no vacant building land in the district and even if the old cottages were demolished, in many cases the building of new cottages on the sites of the old ones, would not be feasible. During the war private building operations were absolutely at a standstill in this locality and the increasing influx of persons into the district and the difficulty experienced by persons in obtaining accommodation prohibited the idea of demolishing any cottages during the war. In addition, as time went on, repairs became increasingly difficult to effect and the condition of the existing cottages steadily deteriorated. The problem will have to be seriously considered in the near future. At the end of the year your Council held several special meetings to consider this subject.

In my report for the year 1909 I gave a list of the cottages occupied by the Working Classes. I here repeat that list.

High Street: Number of cottages about ...	30
Five Alleys off High Street—	
(a) By the Railway Tavern—	
Miles Cottages ... ..	3
Hesley Cottages ... ..	3
(b) Between Shops and Grave Pit Hill—	
Stanford Cottages ... ..	4
Fenner's Cottages ... ..	3
(c) Newman's Alley—	
Newman's Cottages ... ..	12
(d) Near the Swan Inn—	
Godwin's Cottages ... ..	3
(e) Swan Alley—	
Swan Cottages ... ..	2



Hampton Court Road, The Walls ... ..	8
Old Bridge Street ... ..	10
St. John's Road, Tramway Cottages ... ..	10
Park Road, about ... ..	35
Sandy Lane, Thatched House Cottages ... ..	4
School Road ... ..	8
Seymour Road ... ..	2
Lower Teddington Road ... ..	5
Hampton Court—	
Feltham Cottages ... ..	5
King's Arms Yard, Tenements ... ..	6
	<hr/>
	153
	<hr/>

The numbers at the present time, that is ten years since this list was first published, are almost the same. Very few cottages have been demolished during that period and only about a couple have been build and they scarcely come under this category.

With the exception of Hesley Cottages and Stanford Cottages, the cottages in the alleys are very old and are unprovided with the conveniences necessary for decent living. Some of the tenants keep their cottages clean and tidy in spite of these drawbacks but I am sorry to say this condition of things is by no means universal. Where there are large families it is more difficult, but it can be done. The cottages in the alleys are, with the exception of Godwin's Cottages, well lighted and there is plenty of fresh air around. Most of them have small gardens. The W.C.s are away from the houses. In the case of Newman's Cottages water has to be fetched from a tap in the yard, and there are only six W.C.s to the 12 cottages. The cottages in the High Street are with one or two exceptions in good repair or are capable of being put into good repair. The cottages in the Hampton Court Road, known as the Walls, are built in a narrow space between the Home Park and the road.



There is scarcely any yard space and they are extremely old. Most of this property is copyhold. Feltham Cottages are very old but there are small gardens in front. The cottages in Old Bridge Street are larger than most of the ones previously mentioned and some might be repaired. The state of the yard abutting on Nos. 2, 4 and 6 is unsatisfactory. It lies low and water has to be fetched from a tap which is placed low over a sink. This position is inconvenient and moreover the sink is often offensive on account of the low lying ground. Two cottages in School Road are very ancient and repairs have constantly to be carried out. Most of the houses in Park Road are in fair repair or are capable of being kept so. In Lower Teddington Road, Seymour Road and Sandy Lane the cottages are more modern and are in fair repair. Tramway Cottages in St. John's Road are modern. They are well built and are supplied with more or less up-to-date conveniences. There are, however, no bathrooms. These do not exist in any of the cottages.

The account of the cottages is a depressing one, but as regards the health of the inmates, that is not bad. In all cases the drainage and water supply is good and the W.C.s are or should be well flushed. There are no cess-pits and no wells serving these cottages. There is plenty of light and open air. In addition the occupants were adequately fed before the war and since then, and especially in the last two years, they have in some cases fared better as employment has been plentiful and wages have increased. That is in my opinion the reason why there has been no special incidence of infectious disease in the cottages. The mortality and morbidity is low. The re-housing of the inhabitants of the worst property is important mainly from a social point of view rather than from a health point of view.

There is another class of property which should be considered in this connection. There are some large old houses which are let at low rentals to persons who sub-let

portions of the houses to other persons or else take in a number of lodgers who are generally members of the working classes. Under these circumstances such houses are apt rapidly to deteriorate. Necessary repairs are rarely carried out except notices are served. Lavatory accommodation is often insufficient. Overcrowding in the legal sense is rare, but the houses were never intended to be used for such purposes.

Inspections and re-inspections of these cottages were frequently carried out during the year. The usual defects were found. Leaky roofs, defective stack pipes causing dampness of the walls, broken W.C. pans and seats, W.C. cisterns not acting properly and leaking, defective flooring. Such defects were with some difficulty remedied, on account of the scarcity of labour, on notice being given to the owners.

In conclusion the sanitary condition of the cottage property at the close of the war was, that the drainage and water supply were satisfactory but the structure of the cottages had suffered as repairs had become increasingly difficult to effect.

### OVERCROWDING.

There was an influx of people into this district on account of air raids. This became marked in the latter part of 1917 and in 1918. A certain number were in the habit of staying in the district only when the moon was full and when air raids were expected. No action was taken. In this connection I received a letter from the County Medical Officer. He enclosed a list of queries on the subject and asked me to let him have replies. I here give a list of the queries and the answers I gave.

#### *District of Hampton Wick.*

Q. 1.—Is any unusual influx of persons into the district taking place? If so, to what parishes or parts of the district?

A.—There is a general influx of persons into the district.

- Q. 2.—How long has such influx been noticed? A.—Since October, 1917.
- Q. 3.—How have they been housed? (a) In furnished apartments? (b) In unfurnished apartments? (c) By purchase of houses? (d) Other? A.—(a) A few. (b) Chiefly. (c) A few.
- Q. 4.—Are there empty houses available for new residents? A.—Not at the present time.
- Q. 5.—Has any ejection of tenants taken place for new comers? A.—I have heard of one or two cases.
- Q. 6.—Is there evidence of overcrowding, and has action for this by the Local Authority been necessary? A.—One case of overcrowding was brought under my notice. It was of a temporary nature and no action was taken.
- Q. 7.—Remarks and any further information, *e.g.*, Class of new residents, whether taking up permanent or temporary abode? A.—There were a fair number of empty houses £30—£75 per annum last summer. These were nearly all let by the end of the year 1917 to a good class of resident.

(Signed) H. A. GUNTHER.

*Medical Officer of Health.*

April 8th, 1918.

## TENEMENT HOUSES AND HOUSES LET IN LODGINGS.

There is one tenement house in the district. It was frequently inspected and the necessary repairs executed.

## COMMON LODGING HOUSES.

There is one which was periodically inspected. There are two rooms with accommodation for three male persons in each. The rooms are kept clean and the regulations carried out to my satisfaction.

## WATER SUPPLY.

The whole district is supplied with water from the Metropolitan Water Board. There are about 30 houses exclusive of those within the Royal Parks which are supplied with well water.

One notification was received from the Engineer's Department reporting that the water had been cut off from a house where the water rate had been unpaid. The premises were inspected but no nuisance was caused.

### SEWERAGE AND SEWAGE DISPOSAL.

The sewage is dealt with at the Kingston Sewage Works. It is driven from this district over the Railway Bridge into the Sewage Works at Kingston. During the war the system worked satisfactorily.

### PUBLIC URINALS AND LAVATORIES.

There are five urinals available to the general public, two of these being in the Hampton Court portion of the district. They were inspected and found to be kept in a cleanly condition. All these urinals have been provided by owners of public houses. There are no public lavatories in the district.

### ROADS.

Throughout the period of the war I am pleased to say that tarring of the roads has periodically been carried out. At the end of the year the roads were in very fair condition.

### HOUSE REFUSE COLLECTION AND DISPOSAL.

Your Council now undertake the collection and disposal of House Refuse. Previously the collection was performed by a contractor.

The refuse is tipped on land adjacent to the Home Park allotments. This land is at some distance from any dwelling house.

### DAIRIES, MILKSHOPS AND COWSHEDS.

There is one cowkeeper in the district who usually keeps a dozen cows. The premises were periodically

inspected and were invariably found to be kept in a cleanly condition. The condition of the cows was also found to be satisfactory. There are two dairies which were periodically inspected and were found to be kept satisfactorily in a cleanly condition.

### SLAUGHTER HOUSES.

There is one in the district which was periodically inspected and found to be kept satisfactorily.

### OFFENSIVE TRADES.

There are none in the district.

### UN SOUND FOOD.

A box containing 13 chickens was, on the request of the poulterer to whom the chickens were consigned, condemned as the chickens were putrid.

### FACTORY AND WORKSHOP ACT, 1901.

There are nine factories, the majority being engaged on war work at the time of the armistice.

They were inspected and were found to be in a satisfactory condition. In one case an extra W.C. was put in on account of extra female labour. There are nine Workshops and 13 Workplaces, all of which were inspected and found satisfactory.

### OUTWORKERS.

Two lists were received in April and August each containing the name of one outworker who resides in this district.

### BAKEHOUSES.

There are two, both of which were periodically inspected and found satisfactory.



## LAUNDRIES.

There are about eight Domestic Laundries in all of which the sanitary arrangements are satisfactory.

## ADOPTIVE ACTS AND BY-LAWS.

No alterations were made during the war.

## MEDICAL INSPECTION OF SCHOOL CHILDREN.

There are four elementary schools. The Boys', Girls' and the Infants' are adjacent and are situated in the centre of the village. There is a small school in the Palace grounds at Hampton Court for infants and children up to the second standard.

The following notifications of Infectious Disease were forwarded by me to the School Medical Officer and the School Attendance Officer :—

	Measles : Exclusions from	Measles : Contacts excluded from
Boys' School ...	7	7
Girls' School ...	1	6
Infants' School	14	2
Total ...	22	15

No cases or contacts came under my notice who were attending the Palace School at Hampton Court.

In addition notices were sent in respect of two children and two contacts who were attending schools, elementary and secondary, outside the district.

In some cases contacts subsequently contract the disease but they are not included in the above table.

## ARRANGEMENTS AND ACTIVITIES CALLED INTO OPERATION ON ACCOUNT OF THE WAR.

In the summer of 1916 Mr. Taylor, the Sanitary Inspector, was called up for Military Service. He returned at the end of the year 1918 and was away for  $2\frac{1}{2}$  years. During that time the duties of Sanitary Inspector were carried out by your Chairman, Mr. Bullen, assisted by Mr. Brand, the Engineer to the Council. During the period of the war no troops were at any time billeted or encamped in the district.

In November 1914 about 28 Belgian Refugees were afforded accommodation. Most of them had left by the end of the following year and the few remaining ones were accommodated in a flat in the neighbouring district of Teddington. There was no particular incidence of illness among them during their stay with us.

A Ladies Voluntary Aid Detachment (Middlesex 22) was formed in this district at the end of the year 1914. In the autumn of 1915 this detachment took part with other detachments in the nursing of wounded and convalescent soldiers at the Percy House Auxiliary Military Hospital at Isleworth. This hospital was demobilized at the end of the year 1918.

In the latter part of the year 1915 such members of the detachment as resided in the district, practised the fitting up of a small emergency hospital in one of the rooms in the Girls' School for use in case of damage from Zeppelin raids which were occurring at that time. Fortunately our arrangements were never submitted to an actual test as no bombs from enemy aircraft ever during the war fell within six miles of this district.

In the latter part of the year 1917 representations were made to your Council that arrangements should be made for aid in case of injury to persons in the district

from enemy aircraft. Your Council decided to elaborate the arrangements made previously and form an air raid detachment. The following arrangements were made:—

(1) A certain number of Lady V.A.D.s belonging to various detachments, but residing near the Council Offices, notified their willingness to attend at the Schools in the event of an air raid. Mrs. Sheriff kindly consented to act as Air Raid Commandant. It was arranged when the signal for an air raid was given, which consisted in the explosion of a couple of maroons, that two Lady V.A.D.s should present themselves at the Schools in addition to the Commandant and remain there or at the Council Offices until the all clear signal was given. Their duties consisted in making beds up in the Girls' School Room and preparing hot water, lotions, etc. In the event of a bomb falling in the district, it was arranged that the rest of the available V.A.D.s should make their way to the schools to assist the others.

(2) Certain Male V.A.D.s, residing in the district, were ordered to present themselves at the Council Offices in case of an air raid. They were called by the Police Authorities.

(3) Certain appliances were obtained such as Dressings, Blankets, Mattresses, Hot Water Bottles, a Box of First Aid Appliances, two Stretchers and two Bottles of Oxygen.

After these arrangements were complete there were about seven calls, the last being on May 19th, 1918. Our thanks are due to the Commandant and Male and Female V.A.D.s for loyally abiding by and in every way helping to carry out these arrangements.

Immediately after war started your Council formed A War Emergency Committee. Its activities gradually diminished as its functions were superseded by other

bodies such as the War Pensions Committee, etc. It still exists and is able to deal with any case in an informal way which does not come under the purview of the other bodies.

The Food Control Committee worked well during the war and no case of special hardship came under my notice.

### LEGISLATION.

The following is a list of Acts and Regulations referring to Public Health which came into force during the war:—

1915—March: “The Public Health (Shell-fish) Regulations, 1915.”

September: “The Notification of Births (Extension) Act.”

1916—January 1st: “The Public Health (Measles and German Measles) Regulations, 1915.”

\*May 15th: “The Public Health (Tuberculosis) Regulations, 1916.”

1917—February: “The Public Health (Small-pox Prevention) Regulations, 1917.”

\*December: \* “The Public Health (Tuberculosis) Regulations, 1917.”

1918—January: “The Public Health (Notification of Infectious Diseases) Regulations, 1918.”

July: \* “The Public Health (Tuberculosis) Regulations, 1918.”

September: “The Public Health (Tuberculosis) Regulations, No. 2, 1918.”

November: \* “The Public Health (Influenza) Regulations, 1918.”

November: \**“The Public Health (Influenza) Regulations, No. 2, 1918.”*

1919—January: *“The Public Health (Acute Encephalitis Lethargica and Acute Polio - Encephalitis) Regulations, 1918.”*

The Regulations marked with an asterisk have at the time of writing this report been rescinded.

The Public Health (Notification of Infectious Diseases) Regulations, 1918, provide for a common form for the notification of all infectious diseases. Previously there were several different forms in use for various diseases. Your Council have not up to the present time issued these new forms. The other acts and regulations have been fully explained in this or previous reports.

In conclusion I must express my thanks firstly to your Chairman for the very efficient help he has given me in his capacity of Chairman of the Council, of Chairman of the Sanitary Committee and of Acting Sanitary Inspector, to the Members of the Council for the very careful way in which they have considered the various suggestions I have made during the year and also to the Officers for the very efficient services they have rendered to me in the execution of my duties.

I am, Mr. Chairman and Gentlemen,

Your obedient Servant,

H. A. GUNTHER,

M.B.Lond., M.R.C.S.Eng., L.R.C.P.Lond.,

*Medical Officer of Health.*

May, 1919.



## INQUESTS.

March 20th.....24.....M.....Drowning caused accidentally whilst boating.

March 20th.....19.....M.....Drowning caused accidentally whilst boating.

May 21st.....35.....M.....Drowning caused accidentally whilst trying to save his son.

June 1st Newly born F.....P.M. Found drowned.

August 5th.....17.....F.....Hæmorrhage from fracture of the skull caused by falling accidentally from a tram car. P.M.

